

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4633

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5467		Registrar's No. 153	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Robberson township</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Willhard, Mo. R. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Robberson Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Willhard, Mo. R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lee</u> c. (Last) <u>McCulloch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 16, 1879</u>		9. AGE (In years last birthday) <u>69</u> If under 1 year: Months <u>2</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles McCulloch</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Best</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Madge Crosswhite Willard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NIL</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma M. McCulloch, Willhard, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4221</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July, 1948</u> to <u>Feb.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 11</u> , 19 <u>49</u> , and that death occurred at <u>6:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doyle C. McBratney</u>		23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>2/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Church</u>		24d. LOCATION (City, town, or county) (State) <u>Willard Mo. R. 1 Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-17-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene A. Brown, Walnut Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

James R. Phillips

Licensed Embalmer No. *94641*

P. O. Address *Walnut Grove, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.